

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC**

Full Name (Last, First, Middle Initial)

**A. Robert J Schellhas**

Mailing Address 2639 N Roosevelt Street

City	State	Zip Code
Arlington	VA	22207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Council of Life Ins

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	24	/	2015

Transaction ID : SA11AI.5125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Abigail S. Wexner**

Mailing Address 3 Limited Parkway

City	State	Zip Code
Columbus	OH	43230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11	/	17	/	2015

Transaction ID : SA11AI.5123

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

5500.00

**TOTAL** This Period (last page this line number only)..... ►

5500.00